


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90010 016 ***150.00

DOCUMENT # G98846			
1. Entity Name AMERICAN MORTGAGE ACCEPTANCE CORPORATION			
Principal Place of Business 5301 N FEDERAL HWY SUITE 170 SUITE 145 BOCA RATON FL 33487 US		Mailing Address 5301 N FEDERAL HWY SUITE 170 SUITE 145 BOCA RATON FL 33487 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. SUITE 145		Suite, Apt. #, etc. SUITE 145	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (4/04)

4. FEI Number 59-2378631				Applied For			
				<input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
FEINSTEIN, EDWARD 5301 N FEDERAL HWY SUITE 170 SUITE 145 BOCA RATON FL 33487			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP	<input type="checkbox"/> Delete	TITLE DIRECTOR (ONLY)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KRAKOVER, TED		NAME	
STREET ADDRESS 17190 CORAL COVE WAY		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33496		CITY-ST-ZIP	
TITLE DVPS	<input type="checkbox"/> Delete	TITLE DIRECTOR & PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FEINSTEIN, EDWARD		NAME	
STREET ADDRESS 16710 SENTERRA DRIVE		STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL 33484		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHERMAN, WILFRED		NAME	
STREET ADDRESS 790 BOYLSTON STREET, SUITE 11H		STREET ADDRESS	
CITY-ST-ZIP BOSTON MA 02199		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edward Feinstein* **PRESIDENT** 8/24/04 561-9978810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Attachment
G98846
24081985*

AMERICAN MORTGAGE ACCEPTANCE CORPORATION

5301 N FEDERAL HIGHWAY
SUITE 145

BOCA RATON FL 33487

PHONE: (561)997-8810: FAX: (561)997-8860

EMAIL: AMAC170@AOL.COM

August 24, 2004

Florida Dept of State
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

Gentlemen,

We moved our office to a different suite and, for whatever reason, did not receive the Annual Report for 2004 until after the date for timely filing.

Our mail was held up until our suite was ready for occupancy. When we finally received a large batch of mail, the filing deadline had passed.

We respectfully request that the penalty be waived. We have checked the appropriate box on the Annual Report and enclose our check in the amount of \$150.

Thank you for your assistance and cooperation in this matter.

Very truly yours,



Edward Feinstein, President